PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSU FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This is appropriate. All further of indicated unless corrected maintenance fee notificati	I below or directed oth	or tran ig the l nerwise	smitting the ISSU Patent, advance or in Block I, by (a	TE FEE and PUBLIC ders and notification) specifying a new c	orre	spondence address;	and/or	(b) inc	licating a sep	arate "	FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)						e: A certificate of (s) Transmittal. Thi ers. Each additiona e its own certificate	paper.	such a	s an assignme	or dom for any ent or i	nestic mailings of the other accompanying formal drawing, must	
22428	7590 12/21	/2007						-				
FOLEY AND LARDNER LLP SUITE 500 3000 K STREET NW						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
WASHINGTON,	DC 20007				Γ						(Depositor's name)	
											(Signature)	
					L						(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVEN	ITOR		ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/627,979 07/28/2003				Hideo Yokota			028567-0115				4102	
TITLE OF INVENTION: METHOD OF EXTRACTION OF REGION OF INTEREST, IMAGE PROCESSING APPARATUS, AND COMPUTER PRODUCT												
APPLN. TYPE	SMALL ENTITY		SUE FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSU	E FEE	FEE TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	NO		\$1440	\$300		\$0	\$1740		03/21/2008			
EXAMINER		ART UNIT		CLASS-SUBCLASS								
STREGE, JOHN B			2624	382-128000								
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys											ARDNER LLP	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			Correspondence	or agents OR, alternatively,								
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.				(2) the name of a single firm (having as a member a registered atomey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name wil be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)												
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.												
(A) NAME OF ASSIG	(B) RESIDENCE: (CITY and STATE OR COUNTRY)											
RIKEN				Wako-shi, JAPAN								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 📈 Corporation or other private group entity 🔲 Government												
4a. The following fee(s) as	41	b. Payment of Fee(s): (Please first reapply any previously pald issue fee shown above)										
	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.											
Publication Fee (No small entity discount permitted) Advance Order - # of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0741 (enclose an extra copy of this form).								
5. Change in Entity State	us (from status indicated	d above	:)									
a. Applicant claims				☐ b. Applicant is n								
NOTE: The Issue Fee and interest as shown by the re	cords of the United Sta	tes Pate	ent and Trademark	Office.	nan i	ine applicant; a regi	stered	morney	or agent, or t	ne assi	gace of other party in	
Authorized Signature		/_	7/_	-		Date	MAI	06	2008			
Typed or printed name						Registration N						
This collection of informa an application. Confidenti submitting the completed this form and/or suggestion Box 1450, Alexandria, Vi	tion is required by 37 C ality is governed by 35 application form to the ons for reducing this bur reinia 22313-1450. DC	U.S.C. U.S.C. USPT rden, st NOT	11. The information of the control o	on is required to obtain 1.14. This collection depending upon the Chief Information COMPLETED FORM	n or is es indiv Offic 4S T	retain a benefit by t timated to take 12 s vidual case. Any co er, U.S. Patent and O THIS ADDRESS	he publ minutes mment Traden S. SENI	ic whice to come s on the nark Of O TO: O	h is to file (an iplete, includi amount of ti fice, U.S. Dep Commissioner	d by the ng gath me you artment for Pa	ne USPTO to process) hering, preparing, and u require to complete nt of Commerce, P.O. atents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number